



# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. **01-213**First Inventor or Application Identifier **SUMIYA**Title **SOLAR SENSOR**Express Mail Label No. **110-1 5478****APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2.  Specification [Total Pages **13**]
  - Descriptive title of the Invention
  - Cross Reference to Related Applications
  - Background of the Invention
  - Summary of the Invention
  - Brief Description of the Drawings
  - Detailed Description of the Preferred Embodiment
  - Claims
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets **9**]
4. Oath or Declaration [Total Sheets **3**]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63 (d))  
(for continuation/divisional with Box 16 completed)
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

**NOTE FOR ITEMS 1 & 15:** IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:  
 Continuation    Divisional    Continuation-in-part (CIP)   of prior application No. \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

For **CONTINUATION** or **DIVISIONAL** Apps only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer Number or attach bar code label here)	or <input type="checkbox"/> Correspondence address below
23400		

PATENT &amp; TRADEMARK OFFICE

Name			
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Signature	(202) 416-1638		(202) 416-1639

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature	(202) 416-1638	(202) 416-1639	Date 9-28-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

LAW OFFICE OF  
**DAVID G. POSZ**  
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SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

DAVID G. POSZ  
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September 28, 2001

Hon. Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Sir:

**PIPE HAND DELIVERY FILING CERTIFICATE**

**Applicant:** SUMIYA

**For:** SOLAR SENSOR

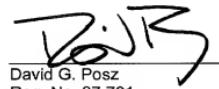
**Docket:** 01-213

**Attorney:** David G. Posz

**Date of Deposit:** September 28, 2001

I hereby certify that this certificate and the following documents are being hand delivered to, and deposited with, the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the above-indicated date, and are addressed to the Commissioner of Patents and Trademarks/Assistant Commissioner for Patents, Washington, D.C., 20231:

- return receipt postcard;
- transmittal form (2 copies);
- fee calculation form (2 copies);
- 13 page specification including 6 numbered claims;
- 9 sheets of formal drawings;
- executed declaration/power of attorney;
- executed assignment with recordation cover sheet (2 pages total);
- IDS with PTO-1449 form and 2 references; and
- check for \$750.



\_\_\_\_\_  
David G. Posz  
Reg. No. 37,701  
Attorney for Applicant

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**FEE TRANSMITTAL  
for FY 2000**

*Patent fees are subject to annual revision.*

TOTAL AMOUNT OF PAYMENT (\$ 750)

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:						
Deposit Account Number	50-1147						
Deposit Account Name	LAW OFFICE OF DAVID G. POSZ						
<input checked="" type="checkbox"/> Charge Any Additional Fee Required <input checked="" type="checkbox"/> Under 37 CFR 1.16 and 1.17							
2. <input checked="" type="checkbox"/>	Payment Enclosed:						
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity	Fee Description					
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid		
101	710	201	355	Utility filing fee	710		
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	203	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1) (\$)				710			
2. EXTRA CLAIM FEES							
Total Claims	Extra Claims	Fee from Below	Fee Paid				
6	-20**= 0	x 18	= 0				
Independent Claims							
1	- 3***= 0	x 80	= 0				
Multiple Dependent							
*or number previously paid, if greater; For Reissues, see below							
Large Entity	Small Entity	Fee Description					
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid		
103	18	203	9	Claims in excess of 20			
102	80	202	40	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim, if not paid			
109	80	209	40	**Reissue independent claims over original patent			
110	18	210	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)				0			
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$)							
40							

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